09759

MARYLAND 09763

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 760

1. PLACE OF DEATH
COUNTY SOMERSET MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDEN MD. RT2 | LENGTH OF STAY (in this place) LIFE TIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDEN MD. RT 2.
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ROBERT	R.	BANKS	10/18/54 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	NEGRO	WIDWED	11/23/1900	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
selfemployed	FARMING	ALLEN MD.	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NICKLES BANKS	MARY ALICE BRWINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		DOROTHY ANNA BANKS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Tuberculosis of the Lungs	About 3 years
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19 57, to 10/18, 19 54, that I last saw the deceased alive on 10/18/54, 19 ....., and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE Arthur L. Browne M.D. (Degree or title) ADDRESS DATE SIGNED 10/18/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10/22/54	GREEN ACRES	SALISBURY MARYLAND

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/19/54	K. F. Johnson, M.D.	William H. Jones Jr. Funeral Home	

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09760

09757 CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 39
LENGTH OF STAY (in this place) 30 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Davis Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 39
STREET ADDRESS (If rural give location) 210 First Street

3. NAME OF DECEASED: (First) Jennie (Middle) A. (Last) Bonneville
4. DATE OF DEATH: (Month) Oct. (Day) 22, (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Feb. 10, 1876	78 yrs.	8	12		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Dressmaker	Dressmaking	Pocomoke City, Maryland	USA

13. FATHER'S NAME: Mitchell Mason
14. MOTHER'S MAIDEN NAME: Druscilla Hudson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		None	Ellen D. Lotman, Crisfield, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
605X Immediate cause	(a) Malnutrition	2 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Senility	Years
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic cystitis	Years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. ....., 19 54, to Oct 22, 19 54, that I last saw the deceased alive on Oct 20, 19 54, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A. N. Barr, M.D.	Crisfield, Md.	10/22/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 24, 1954	Good Will Cem.	Pocomoke City, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10/23/54	Betty W. Tyler	Durward Q. Covington, Crisfield, Md.

VS. A15

RECEIVED
OCT 27 1954
BUREAU V. S.

09764

09761
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 268

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —— X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN X Deal Island
STREET ADDRESS (If rural, give location) ——

3. NAME OF DECEASED: (Type or Print) (First) WILBUR (Middle) C. (Last) BOZMAN
4. DATE OF DEATH (Month) Oct (Day) 18 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: JUNE-11-1886
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Grocery
10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (State or foreign country): MONIE - MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN B. BOZMAN
14. MOTHER'S MAIDEN NAME: MARY E. JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: ——
17. INFORMANT & ADDRESS: (wife) Keziah Bozman - Deal Island

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Acute Coronary Heart Disease
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 20 Min.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R H Johnson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10/20/54
NAME OF CEMETERY OR CREMATORY St Johns M.E.
LOCATION (City, town, or county) Deal Island (State) Md

DATE REC'D BY LOCAL REG. 10/24/54
REGISTRAR'S SIGNATURE Lola L. Wheatley
24. FUNERAL DIRECTOR L. Webster ADDRESS Deal Island Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
OCT 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09762

09765

CERTIFICATE OF DEATH

Reg. Dist. No. 260

Item 9, Film G172 11-8-54 et

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne
LENGTH OF STAY (in this place) 1week
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Champ
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) William (Last) Dashiell

4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed

8. DATE OF BIRTH: Dec. 25, 1875

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman

10B. KIND OF BUSINESS OR INDUSTRY: waterman

11. BIRTHPLACE (State or foreign country): Champ, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sidney Dashiell

14. MOTHER'S MAIDEN NAME: Jennie Windor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Albert Dashiell Princess Anne, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 4 hr.

ANTECEDENT CAUSE (B) DUE TO Hypertensive Heart Disease — 3 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arterio-sclerosis — 5 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility — 10 yrs.

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 11, 1954, to Oct. 31, 1954, that I last saw the deceased alive on Oct 31, 1954, and that death occurred at 9:10 A M, from the causes and on the date stated above.

SIGNATURE M. D. By Frank Gigante ADDRESS Princess Anne DATE SIGNED Nov 1, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE THEREOF 11-2-1954 — NAME OF CEMETERY OR CREMATORY Oriole Cemetery — LOCATION (City, town, or county) (State) Oriole, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/1/54 — REGISTRAR'S SIGNATURE R. H. Johnson, M.D. — 24. FUNERAL DIRECTOR Levin R. Wilson — ADDRESS Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
NOV 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09763

09766

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deal Island X
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Deal Island
STREET ADDRESS (If rural give location) Main Road

3. NAME OF DECEASED: (Type or Print) (First) TENIE (Middle) ROWE (Last) EDWARDS

4. DATE OF DEATH: (Month) Oct. (Day) 1 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 9-1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Deal Island Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: TUBMAN ROWE
14. MOTHER'S MAIDEN NAME: CARRIE V. WEBSTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: CARLEY EDWARDS Husband Md Deal Island

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X

Immediate cause (a) Carcinoma Uterus — Interval Between Onset And Death 6 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1952, to Oct 1, 1954, that I last saw the deceased alive on Oct 1, 1954, and that death occurred at 3 OTH, from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldore G. Mackenzie
ADDRESS
DATE SIGNED Oct. 2. '54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 3-54
NAME OF CEMETERY OR CREMATORY St. Johns M.E.
LOCATION (City, town, or county) (State) Deal Island Md

DATE REC'D BY LOCAL REGISTRAR 11/20/54
REGISTRAR'S SIGNATURE Leo J. Whatley
24. FUNERAL DIRECTOR L. V. Webster
ADDRESS Deal Island Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 25 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09767

CERTIFICATE OF DEATH

09764

Reg. Dist. No. 265

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

1. PLACE OF DEATH:
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Crisfield
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Somerset
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Crisfield
STREET ADDRESS (If rural give location): Pine Street

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) E. (Last) Gibbons

4. DATE OF DEATH: (Month) Oct. (Day) 18, 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write) Widower

8. DATE OF BIRTH: July 7, 1875

9. AGE Last birthday: 79 yrs. IF UNDER 1 YEAR: Months 3 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Bricklayer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel C. Gibbons

14. MOTHER'S MAIDEN NAME: Mary T. Cullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-10-4949

17. INFORMANT & ADDRESS: Rose Anderson Virginia Beach, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Hydro-nephrosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Urinary tract obstruction — DUE TO

(c) Benign Prostatic hypertrophy

Interval Between Onset And Death: (a) ? (b) ? (c) ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-13-54

19b. MAJOR FINDINGS OF OPERATION Supra-pubic cystotomy - Prostatic hypertrophy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 9, 1954, to Oct 18, 1954, that I last saw the deceased alive on Oct 18, 1954, and that death occurred at 6 20 A.M., from the causes and on the date stated above.

SIGNATURE: C H Rawley (Degree or title) M.D. ADDRESS: Crisfield Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 20, 1954 — NAME OF CEMETERY OR CREMATORY: Crisfield Cem — LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 10/19/54 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS: Durward Q. Covington, Crisfield, Md.

VS. A15

BIBLIOTHEK
BONLAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09758

CERTIFICATE OF DEATH

09765

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crisfield

LENGTH OF STAY (In this place): 30 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 212 Tyler St.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland

COUNTY: Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crisfield

STREET ADDRESS (If rural give location): 212 Tyler St.

3. NAME OF DECEASED: (Type or Print) (First) SABER (Middle) ANN (Last) KING

4. DATE OF DEATH: (Month) October (Day) 24 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	colored	married	1883	71 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	domestic	Accomac County, Va.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Redden	Marzella Bailey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no		—	Raymond King—212 Tyler St.-Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Cerebral Hemorrhage — 1 hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cerebral Arteriosclerosis ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 24, 19 54, to Oct. 24, 19 54, that I last saw the deceased alive on Oct. 24, 19 54, and that death occurred at 1:50pm, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. M. Peyton	M. D	Crisfield Md.	Oct. 25, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 28, 1954	Lawsonia Cemetery	Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/28/54	Betty W. Tyler	Bradshaw Funeral Parlors	Crisfield, Md.

VS. A15

09766

09768

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne R.F.D. — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Pierce (Middle) G. (Last) Landing
4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Married	Jan. 15, 1894	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farmer	Maryland	U.S.A.

13. FATHER'S NAME: Elton S. Landing
14. MOTHER'S MAIDEN NAME: Arjetta Redden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	no	Mrs. Ella M. Landing Princess Anne Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Heart Disease — Interval between onset and death: 15 Min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] M.D. [illegible] 10/16-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 17, 1954	St. Andrew Cemetery	Princess Anne, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10/16/54	R. B. Johnson, M.D.	Leon R. Wilson Princess Anne, Maryland

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09767

09759 CERTIFICATE OF DEATH Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) 68Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lory Quinn Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Wynfall Ave.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Lorenzo (Last) Landon
4. DATE OF DEATH: (Month) Oct. (Day) 15, (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 7, 1886
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months 3 Days 8 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Henry Landon
14. MOTHER'S MAIDEN NAME: Patience Evans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: J.L. Landon, Jr. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental Drowning
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hurricane (Hazel)
DUE TO
(c)

Interval Between Onset And Death

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Water Near Boat Harbor
(CITY OR TOWN) Crisfield (COUNTY) Somerset (STATE) Md
TIME OF INJURY (Month) Late (Day) M (Year) Oct 15th 1954 (Hour)
INJURY OCCURED While at Work ☒ Not While At Work ☐
HOW DID INJURY OCCUR? Body fund in Water

22. I hereby certify that I attended the deceased from was Dead before 19 , that I last saw the deceased alive on was Called and that death occurred at Crisfield, from the causes and on the date stated above.
SIGNATURE (Degree or title) W. H. Coulbourn M.D. ADDRESS Crisfield Md DATE SIGNED Oct 18th 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 18, 1954
NAME OF CEMETERY OR CREMATORY Sunny Ridge
LOCATION (City, town, or county) Crisfield, Md. (State)
DATE REC'D BY LOCAL REGISTRAR 10/18/54
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Durward Q. Covington, Crisfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND 09769

1-9768

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 260

M

1. PLACE OF DEATH
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Princess Anne
LENGTH OF STAY (In this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Somerset.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Princess Anne.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Coleman (Last) Low.

4. DATE OF DEATH (Month) 10 (Day) 2 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH (Month, Day, Year) March 24 1872

9. AGE last birthday 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edward N. Low

14. MOTHER'S MAIDEN NAME Lidie Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Garrett Hoagland Princess Anne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) myocardial infarction — Interval between onset and death: Instantly

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) arteriosclerotic cardiovascular

(c) disease, decompensated — 5 yrs +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6, 1953 to 10-2, 1954, that I last saw the deceased alive on 10-1, 1954, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE Geo. M. Dunn M.D. (Degree or title) ADDRESS Princess Anne Md DATE SIGNED 10-4-54

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE Oct 5 1954

NAME OF CEMETERY OR CREMATORY Private Cemetery on farm

LOCATION (City, town, or county) (State) Route #3 Princess Anne, Md.

DATE REC'D BY LOCAL REG. 10/5/54

REGISTRAR'S SIGNATURE R. H. Johnson, M.D.

24. FUNERAL DIRECTOR — ADDRESS James T. Lennon Princess Anne, Md.

I

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 15 1914
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09769

09770 CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Crisfield
STREET ADDRESS (If rural give location) Asbury Ave.

3. NAME OF DECEASED: (First) Joseph (Middle) (Last) Murray
4. DATE OF DEATH: (Month) Oct. (Day) 2 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant | 8. DATE OF BIRTH: 6:25 AM Oct. 2, 1954 | 9. AGE last birthday: IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours 7 Min. 5

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Kerr Murray
14. MOTHER'S MAIDEN NAME: Mary Ellen Kerr

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY No.: — | 17. INFORMANT & ADDRESS: John K. Murray - Crisfield, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO (c)

Interval Between Onset And Death: 6 mo. gestation

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Premature Labor

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/2, 1954, to 10/2, 1954, that I last saw the deceased alive on Oct 2, 1954, and that death occurred at 1.30 P.M., from the causes and on the date stated above.

SIGNATURE A. N. Barr (Degree or title) M.D. ADDRESS Crisfield, Md. DATE SIGNED 10/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct 3, 1954 | NAME OF CEMETERY OR CREMATORY Calvary | LOCATION (City, town, or county) (State) Queens Co. N.Y.

DATE REC'D BY LOCAL REGISTRAR 10/3/54 | REGISTRAR'S SIGNATURE Betty W. Tyler | 24. FUNERAL DIRECTOR Howard D. Covington ADDRESS Crisfield Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09770

09771

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) G. (Last) Richardson

4. DATE OF DEATH: (Month) Oct. (Day) 28 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Feb. 28, 1868
9. AGE last birthday: 86 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS: Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer
10B KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Richardson
14. MOTHER'S MAIDEN NAME: Susan Metthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Benjamin F. Richardson

18. MEDICAL CERTIFICATION Princess Anne, Md.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSE (S) DUE TO (B) Cardio-Vascular disease — 10 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Senility — 10 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1954, to Oct 28, 1954, that I last saw the deceased alive on Oct 28, 1954, and that death occurred at 2:05 M, from the causes and on the date stated above.

SIGNATURE B. Frank Giganti M.D. ADDRESS Princess Anne Md DATE SIGNED Oct 29, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 10-30-1954
NAME OF CEMETERY OR CREMATORY: St. Andrew Cemetery
LOCATION (City, town, or county) (State): Princess Anne, Md.

DATE REC'D BY LOCAL REGISTRAR: 10/30/54
REGISTRAR'S SIGNATURE: R. H. Johnson, M.D.
24. FUNERAL DIRECTOR: Lewis R Wilson
ADDRESS: Princess Anne, Maryland

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09771

09760 CERTIFICATE OF DEATH Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield; LENGTH OF STAY (in this place) 97 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cove Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield; STREET ADDRESS (If rural give location) Cove Street

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) Franklin (Last) Somers

4. DATE OF DEATH: (Month) Oct. (Day) 24, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: May 5, 1857

9. AGE last birthday: 97 yrs. IF UNDER 1 YEAR Months 5 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin F. Somers

14. MOTHER'S MAIDEN NAME: Charlotte McCready

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: B. Frank Somers, Jr. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 2 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arterio-sclerosis — years.

DUE TO

(c) senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Oct., 1954, that I last saw the deceased alive on Oct 23, 1954, and that death occurred at 6:55 P.M., from the causes and on the date stated above.

SIGNATURE C. E. Rawley (Degree or title) M.D. ADDRESS Crisfield Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Oct. 27, 1954; NAME OF CEMETERY OR CREMATORY Sunny Ridge; LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 10/25/54; REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Durward Q. Covington, ADDRESS Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09772

09772 **CERTIFICATE OF DEATH** Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tylerton
STREET ADDRESS (If rural give location) Smith Island

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) MAE (Last) SMITH
4. DATE OF DEATH: (Month) October (Day) 2 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: May 1899
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: domestic
11 BIRTHPLACE (State or foreign country): Tangier Island, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elizah Parks
14. MOTHER'S MAIDEN NAME: Laura Crockett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Edwin C. Smith, Jr.—Ewell, Smith Island, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X

Immediate cause (a) Acute Die of Heart — Interval Between Onset And Death 48 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Int. nephritis Myocarditis Diabetes mellitus — years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1954, to Oct 2, 1954, that I last saw the deceased alive on Oct 2, 1954, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C Coulbourn M D. ADDRESS Marion Sta Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Oct. 6, 1954
NAME OF CEMETERY OR CREMATORY Tylerton Cemetery
LOCATION (City, town, or county) (State) Tylerton, Smith Island, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 4, 1954
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors—Crisfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 11 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09773

09773 CERTIFICATE OF DEATH Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crisfield LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Crisfield
STREET ADDRESS (If rural give location) Dackertown Rd

3. NAME OF DECEASED: (Type or Print) (First) Noah (Middle) B. (Last) Sterling
4. DATE OF DEATH: (Month) Oct (Day) 4 (Year) 1954
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Aug. 10, 1885
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 1 24

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Watermen
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Sterling
14. MOTHER'S MAIDEN NAME: Sally Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Austin B. Sterling - Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 6 hours

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4, 1954, to only, 19, that I last saw the deceased alive on 10/4, 1954, and that death occurred at 10:30 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Robert F. Lewis M.D.
ADDRESS Crisfield, Md
DATE SIGNED 10/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 7, 1954
NAME OF CEMETERY OR CREMATORY Asbury Cem.
LOCATION (City, town, or county) (State) Crisfield, Maryland
DATE REC'D BY LOCAL REGISTRAR 10/7/54
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Howard D. Corrington
ADDRESS Crisfield, Md

VS. A15

RECEIVED
OCT 11 1954
BUREAU V. S.

09774

MARYLAND 09761

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 946 W. Broad Street

3. NAME OF DECEASED (Type or Print) (First) Beulah (Middle) May (Last) Taylor

4. DATE OF DEATH (Month) Oct. (Day) 22 (Year) 1954

5. SEX Female

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 11, 1917

9. AGE last birthday 37 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seafood

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Lewis Taylor

14. MOTHER'S MAIDEN NAME Rosie Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS George Taylor - 946 W. Broad St. Crisfield Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute tuberculous pneumonia — Interval between onset and death: 2-3 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia from bleeding hemorrhoids — 3 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12, 1954, to 10/22, 1954, that I last saw the deceased alive on 10/21, 1954, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE Robert F. Lewis (Degree or title) Md ADDRESS Crisfield, Md. DATE SIGNED 10/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE Oct 26, 1954

NAME OF CEMETERY OR CREMATORY St. Paul Church

LOCATION (City, town, or county) (State) Crisfield, Somerset Co. Md.

DATE REC'D BY LOCAL REG. 10/25/54

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Chas. H. Ward - Marion Sta., Md. ADDRESS

OCT 27 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09775

CERTIFICATE OF DEATH

09762

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (In this place): 37 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): Broadway

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) TAYLOR

4. DATE OF DEATH: (Month) October (Day) 30 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	colored	married	1898	56 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
laborer	Seafood Industry	Horntown, Virginia	USA

13. FATHER'S NAME: Moses Justice

14. MOTHER'S MAIDEN NAME: Sarah Kathryn Turner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	—	215-12-6329	Mrs. Catherine Sneade--Phila., Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary Thrombosis	Few Minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Myocarditis with Decompensation	6 months
	DUE TO (c) Arteriosclerosis	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	Unknown

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/21, 1954, to 10/30, 1954, that I last saw the deceased alive on 10/26, 1954, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A. N. Barr, M.D.	Crisfield, Maryland	11/2/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 3, 1954	Dee's Chapel Cemetery	Horntown, Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11/3/54	Betty W. Tyler	Bradshaw Funeral Parlors--Crisfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09776

09774

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station X
LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) S. Somerset Ave.

3. NAME OF DECEASED: (Type or Print) (First) FANNIE (Middle) PRUITT (Last) TODD

4. DATE OF DEATH: (Month) October (Day) 11 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 10, 1874

9. AGE Last birthday: 80 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hope Pruitt

14. MOTHER'S MAIDEN NAME: Cornelia Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs. Louis Adams—Marion Station, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 5 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the breast

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1954, to Oct. 11, 1954, that I last saw the deceased alive on Oct. 11, 1954 and that death occurred at 9:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Sarah M. Peyton M.D. ADDRESS Crisfield Md DATE SIGNED 10/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Oct. 15, 1954
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 10/12/54
REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors—Crisfield, Md.

RECEIVED
OCT 14 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09777

09775

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion X
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Kingston Rd. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Marion
STREET ADDRESS (If rural give location) Old Kingston Rd.

3. NAME OF DECEASED: (Type or Print) (First) BARTLETT (Middle) IRVING (Last) WALTERS

4. DATE OF DEATH: (Month) October (Day) 6 (Year) 19 54

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: May 2, 1887
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): waterman
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): Quantico, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Irving Walters
14. MOTHER'S MAIDEN NAME: Marietta Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Melvin Lewis—Onancock, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause 916.0 (a) Burned to Death in house

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) that burned down - his arms & legs burned

DUE TO

(c) Face & Body Charred & off

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, Md.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Marion (COUNTY) Somerset (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 6-1954 5AM
INJURY OCCURED While at Work no Not While At Work yes
HOW DID INJURY OCCUR? Home burned Down

22. I hereby certify that I attended the deceased from Dec 1 to before 19 ..., that I last saw the deceased alive on Dec 1 and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm H Coulbourn M.D. ADDRESS Crisfield, Md DATE SIGNED Oct 7-1954

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Oct. 8, 1954
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Marion, Md.

DATE REC'D BY LOCAL REGISTRAR 10/8/54
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors—Crisfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
OCT 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09778

09776 **CERTIFICATE OF DEATH** Reg. Dist. No. 268

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deal Island X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Deal Island
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) (Last) WEBSTER
4. DATE OF DEATH: (Month) Oct (Day) 25 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Aug-12-1895
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Oysterman & Crabbing
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): Deal Island Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM WEBSTER
14. MOTHER'S MAIDEN NAME: KATE THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Julia Webster - wife - Deal Island Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma Stomach

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 3 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept 20, 1954, to Oct 25th, 1954, that I last saw the deceased alive on Oct 24, 1954, and that death occurred at 8:30A, from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon G. Mansman
ADDRESS Princess Anne Md
DATE SIGNED Oct. 26 - 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 27-54
NAME OF CEMETERY OR CREMATORY St. Johns M.E. Cemetery
LOCATION (City, town, or county) Deal Island (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov 1, 1954
REGISTRAR'S SIGNATURE Lola T. Wheatley
24. FUNERAL DIRECTOR L. G. Webster - Deal Island
ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1954
BUREAU V. S.

DR. Laury

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09779

09777

CERTIFICATE OF DEATH

Reg. Dist. No. ~~332~~ 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eden
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 1 (OR)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eden
STREET ADDRESS (If rural give location) R.D.# 1

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Lizzie) (Middle) Jane (Last) Willey

4. DATE OF DEATH: (Month) Oct. (Day) 25. (Year) 1954.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 5. 1876.
9. AGE last birthday: 78. yrs. IF UNDER 1 YEAR ~~XXXX~~ Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home.
11. BIRTHPLACE (State or foreign country): Near Eden Md R.D.# 1 Eden, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Martin
14. MOTHER'S MAIDEN NAME: Martha Messick

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No 4 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Joseph E. Willey Husband. R.D. #1 Eden, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage. Interval Between Onset and Death 1 hour

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to death, 19....., that I last saw the deceased alive on 10-25, 1954, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lee L Laury MD ADDRESS DATE SIGNED 10-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 27-54
NAME OF CEMETERY OR CREMATORY Allen Cemetery
LOCATION (City, town, or county) (State) Allen Md.

DATE REC'D BY LOCAL REGISTRAR 10-26-54
REGISTRAR'S SIGNATURE ~~Mary W. Holloway~~ Dr. R. H. Johnson mnb
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury, Maryland.
Walter R. Holloway

RECEIVED
OCT 29 1954
BUREAU V. S.